PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

09782413

ı	CLAIMS AS FILED - PART I							CHALL				
TOTAL CLAIMS			(Colur	(Column 1)		umn 2)		SMALL ENTITY TYPE		0		R THAN L ENTITY
╟-	SOR		┥]	RATE	FEE		RATE	FEE
⊩	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 150.0	0 0	BASIC FE	E 300.00	
╟	OTAL CHARG	<u> </u>	minus 20=		*		X\$ 25:	=		X\$50=		
╙	IDEPENDENT		minus 3 =				X100=		OF	X200=	1	
<u> </u>		ENDENT CLAIM						+180=		OF		
*	If the difference	e in column 1 is	s less than :	zero, enter	"0" in	column 2	1	TOTAL	+	OF	<u> </u>	╂ ┤
CLAIMS AS AMENDED - PART II											_	
_	T	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A	(22764	REMAINING AFTER AMENDMENT	-	NUMB PREVIO	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
END	Total	. 6	Minus	- 2	0	=		X\$ 25=		OR	X\$50=	
AM	FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X100=		OR	X200=	
					-			+180=		OR	+360=	
									_	-{	TOTAL	
		(Column 1)		(Columi	n 21	(Column 3)	A	DDIT. FEE			ADDIT. FEE	4
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU	ST ER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL
	Total	*	Minus	PAID FO	OR .	=	 	V# 05	FEE	1		FEE
	Independent	*	Minus	***		=	\vdash	X\$ 25=		OR	X\$50≃	
_	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM		F	X100=		OR	. X200=	
		•					Ŀ	⊦180=		OR	+360=	
		10.1		•			AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3)												
ובואו -	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT	. -	NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**			T _x	\$ 25=		OR	X\$50=	FEE
, –	ndependent		Minus	***		•	-	100=		^{Un}		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X200=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT 555												
44 1	me unhier idali	nber Previously Paid per Previously Paid	I FAC IN THIS	CDACE in Inc	45		ADD ound i	IT. FEE L		OR AI in colur	OUT FEE	
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